



**COLORADO**

# *Substance Use Opportunities and Gaps*

July 9, 2019

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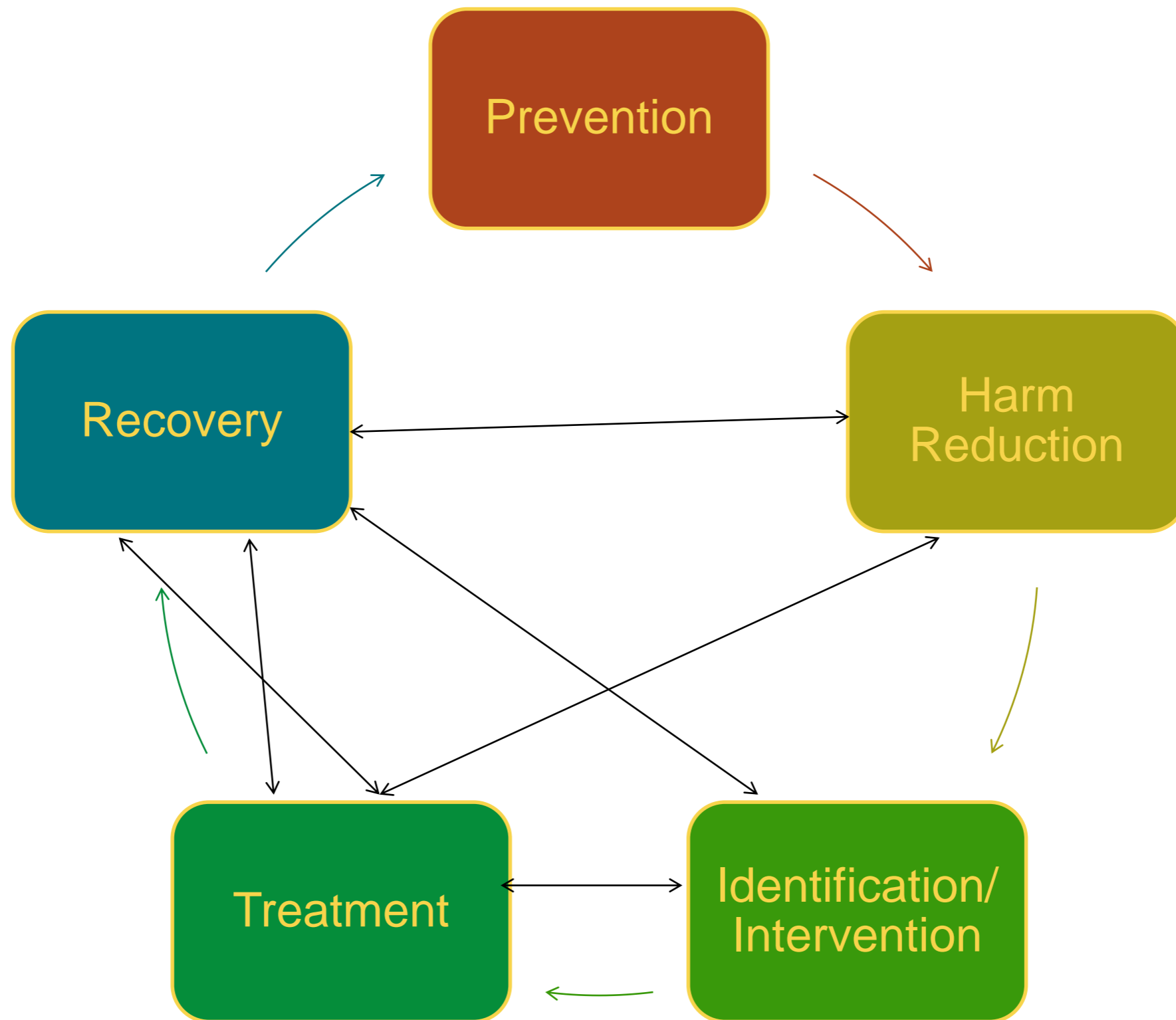


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# Substance Use Care Continuum

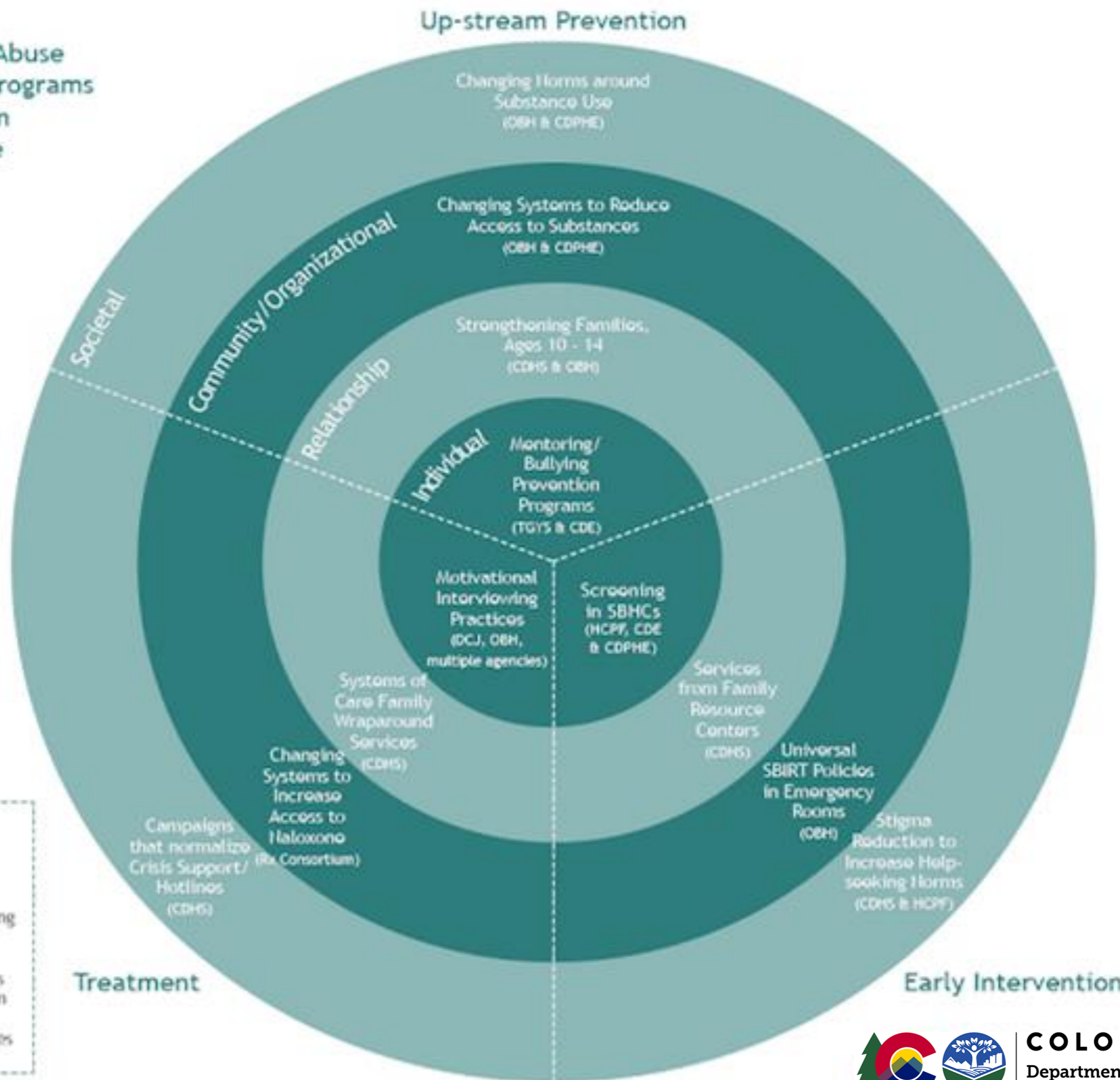


## Examples of Substance Abuse Prevention Strategies/Programs Addressing the Spectrum of Prevention Across the Socioecological Model

Research shows that the most effective approaches to prevention are comprehensive. Educating individuals, addressing concerns in the relationships of their lives, changing their communities where they live and access resources, and changing the policies and societal norms that influence behaviors are all critical to preventing unwanted health outcomes in a holistic way. Acknowledging how this work can be comprehensive across many spheres is working within the socio-ecological model (SEM). In the example of substance abuse prevention, social norms change strategies are more effective when combined with programs in schools, communities, and policy changes that all work to restrict access to substances.

### Key:

CDE: CO Dept of Education  
 CDHS: CO Dept of Human Services  
 DCJ: Division of Criminal Justice  
 HCPF: Health Care Policy & Financing  
 OBH: Office of Behavioral Health  
 CDPHE: CO Dept of Public Health  
 SBHC: School-Based Health Centers  
 SBIRT: Screening, Brief Intervention and Referral to Treatment  
 TGYS: Tony Grampas Youth Services



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## State Agencies Across the Care Continuum

Agency	Prevention	Treatment	Recovery	Harm Reduction
CDHS, OBH	Community prevention grants, strategic plan, programs for families experiencing SUD, protective factors for kids	Paying for MAT, paying for residential, training provider to prescribe MAT, promotion of treatment resources, jail-based treatment including MAT, state substance use plan	Peer navigators, peer training programs, employment programs, anti-stigma campaign	Purchasing and distribution of naloxone for treatment population, law enforcement, harm reduction locations
CDPHE	Community coalitions (CTC), data and surveillance of substance abuse and treatment, tracking overdose deaths, youth prevention campaigns, school-based screening, safe disposal, upstream protective factors at the community and societal levels, community grants, provider education	Workforce development including health provider education reimbursement, school based health centers, behavioral health licensing		Naloxone bulk fund, harm reduction grant program, syringe access programs, naloxone standing orders
HCPF	Safe prescribing laws for Medicaid providers, tracking Neonatal Abstinence Syndrome, tracking encounter data on state prescribing trends	Reimburses for non-residential substance use treatment & withdrawal management, covers MAT for Medicaid beneficiaries, applying for an 1115 waiver, supports innovative telemedicine practice for rural and frontier communities, tracking encounter data on state treatment trends	Funding peer navigators and educators	Covers naloxone as a benefit for members
Consortium	Safe storage and disposal, safe prescribing, provider education	State planning and advocacy, community facilitation and support	Regional peer navigators and community resources	Naloxone education campaign and naloxone training

## State Partners in Substance Use Disorder Programs

Partner	Program
Dept. of Law, Attorney General	Substance Abuse Trends Task Force, data tracking, community engagement and alignment, leading state lawsuit, managing settlement funds
Dept. of Regulatory Agencies, Division of Insurance	Oversees enforcement of parity laws, sets network adequacy requirements, conducts reviews of private insurance providers
DORA, Division of Occupations and Professionals	Oversees the PDMP (prevention and treatment), credentialing of BH professionals
Dept. of Local Affairs	Housing vouchers for SMI and for SUD Local innovation grants for SUD and diversion (HB 19-1263)
State Judicial	Diversion to treatment programs, local drug courts, access to MAT
Counties, schools, local law enforcement, non-profit, and community coalitions	Implement state-funded community prevention grants from OBH, CDPHE; School-specific initiatives and education, youth health promotion; Community building and 2-Gen programs



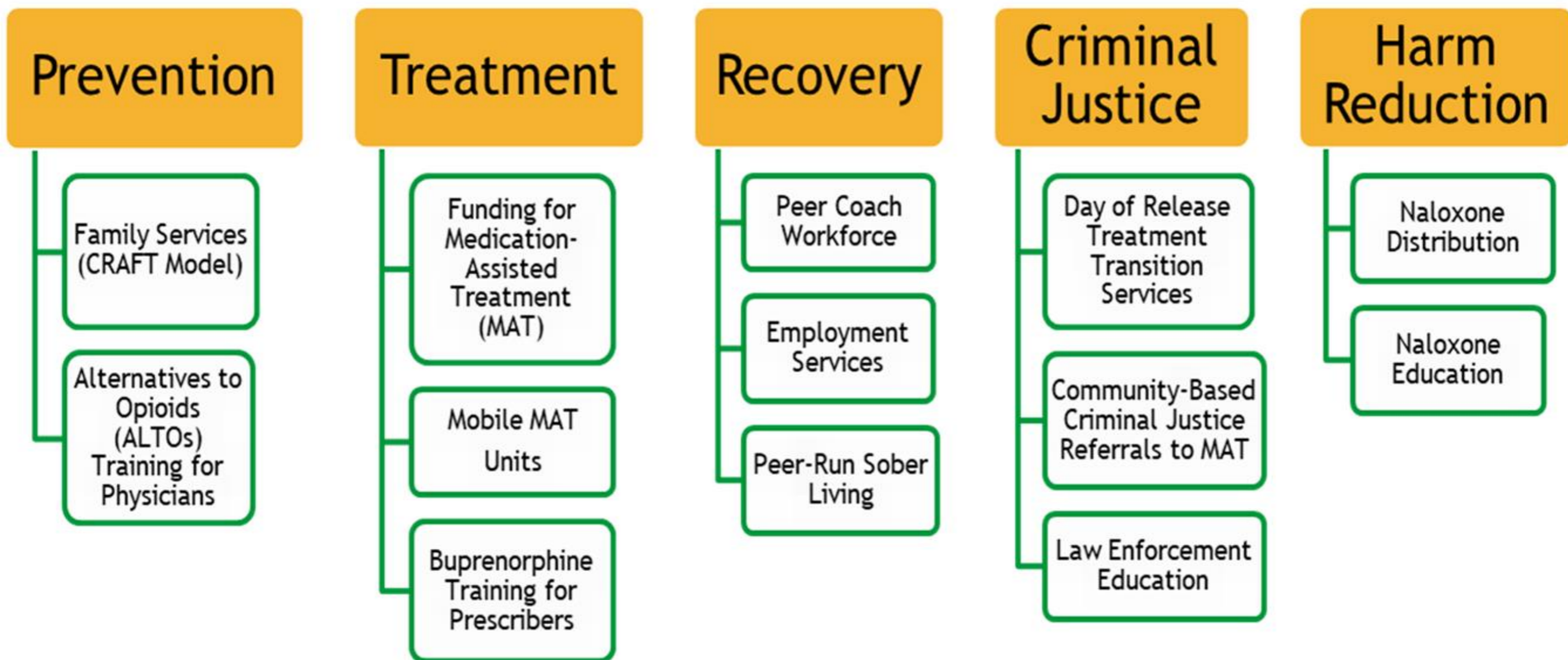
# *More specifically, OBH:*

- Is both a **PURCHASER** and **REGULATOR** of substance use prevention, treatment, and recovery services
  - Oversees the **licensing for SUD** and ensure minimum quality standards for publicly funded programs
    - HB 19-1237 changes this to have more CDPHE oversight for SUD facilities
  - Through the managed service organizations (MSOs) and other contractors, **we pay for SUD services** for some populations and funds services not otherwise paid for by insurance
    - Includes services in Jails, treatment programs, community prevention programs, recovery services
- Provide **infrastructure** to support the system
  - Communications campaigns and connection to treatment
  - Tracking SUD treatment data
  - Trainings and technical assistance



# *New OBH grant funded activities*

Federal funds have supported significant expansion in state capacity to prevent and address the opioid crisis. State Opioid Response grant is \$15M/year through September 2020. Strong potential to carry through 2022.



# CDPHE Focus

- **Data and Evaluation:** Identify and target population disparities using multiple data sources: death, hospitalization, emergency department, PDMP, EMS, and population health surveys.
- **Upstream Prevention:** Funds community grantees to work on coalition building; strengthening educational, economic and societal policies; community or societal norms; and improving access to mental health and substance abuse services.
- **Environment:** Medication Take Back Program.
- **Health Facilities:** Behavioral health licensing; EMS licensing and education; prevent diversion from hospitals and nursing facilities.
- **Workforce Development:** Loan repayment, provider education.
- **Disease Control:** Prevent, track and mitigate HepC and HIV outbreaks; syringe service programs.
- **Emergency Preparedness:** Create and execute response plans to address emerging issues (e.g. Fentanyl).
- **Harm Reduction:** Naloxone standing orders; Opioid Antagonist Bulk Order Fund



# *Current CDPHE Grant-Funded Projects*

- **Data**
  - Using the PDMP as a surveillance tool & linking to other data systems
  - Data visualization
- **PDMP Integration**
- **Provider Education**
  - Academic Detailing
  - Evaluating SB 18-22
  - Scorecards
- **Community Grants**
- **Syndromic Surveillance Infrastructure**
- **Coroner Support**
- **Heroin/Fentanyl Response**



# Prevention Opportunities

## Expand

- ALTOs
- Alignment between state and local prevention strategy
- Recovery as prevention

## Study

- Family models of treatment
- Physician education

## Maintain

- Coalitions
- Funding community partners



# *Prevention Opportunities*

Real-time  
Data

Overdose  
Circumstance  
Data

Innovative  
Data  
Linkages

Specialized  
Analyses



# PDMP Platform

Direct

EHR

HIE

Opi Safe

## Benefits

Cost Effective  
Low maintenance  
Available with  
any internet  
connection

## Challenges

Disruptive to  
workflow  
No customization

## Benefits

Integrated into  
workflow  
Customization

## Challenges

Limited Access  
EHR Specific  
Integration  
Extra Cost

## Benefits

Integrated into  
workflow  
Customization

## Challenges

Limited Access  
Extra Cost

## Benefits

Integrated into  
workflow  
Customization  
Extra Clinical  
Features  
Physician and  
Patient Metrics

## Challenges

Extra Cost  
Disruptive to  
workflow



# *Prevention Opportunities*

**PDMP**

**Prevention  
&  
Harm  
Reduction  
Grants**

**Partnership  
with Law  
Enforcement**

**Preventing  
Adverse  
Childhood  
Experiences**

**Provider  
Education**



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# New Bill Opportunities

## SB 19-008

Harm Reduction Grant Program

## SB 19-227

Opioid Antagonist Bulk Order  
Fund/ Standing Orders for  
Schools

## SB 18-228

Local Public Health Substance  
Abuse Work



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# Treatment Opportunities

## Expand

- Detox and Crisis Services
- IOP
- Outpatient
- Recovery Services
- Outreach to minority pops

## Study

- Residential capacity
- Public access to residential
- Detox

## Maintain

- Inpatient care (hospital level of treatment)



# *Supporting Infrastructure*

All of our work needs to be supported through administrative functions that enhance services.

## Technology

PDMP

OpiRescue

Bed Tracker

## Communications

Paid media

Lift the Label

Take Meds  
Seriously

Healthy Kids

## Technical Assistance

Prevention

Prescribing

Integrated  
care

## Data Tracking and Surveillance

PDMP

Treatment  
Data

Overdose  
Deaths

Youth  
Substance Use

# *How does HB 18-1136 change funding?*

**Policy Implementation** Loading...



- HCPF is in the process of applying for the 1115 demonstration waiver for a residential substance use benefit
- Currently OBH subsidizes the cost of residential treatment for those under 300% FPL, including Medicaid beneficiaries
- OBH working with MSOs to prepare for the update by identifying areas of need and priority for funding and contract
- Potential to use this opportunity to better meet gaps
- Tracking funding has been a challenge in determining the long-term finance changes that will result

# Policy Gaps

- Siloed statutes
  - Separate Alcohol and Drug Statutes (27-80 and 27-81)
- Data Tracking
  - Challenges tracking DATA-waived providers and prescribers
  - Challenges tracking the funding and connecting the investment to outcomes
- Multiple new programs may lead to lack of cohesion
  - Existing structures and programs in place can be changed to serve the community without reduced administrative costs
  - State plan and 202 funds are places where legislative directives can be incorporated
- Reaching minority populations
  - National research shows significant disparity in treatment and overdose prevention expansion efforts
- Private insurance
  - Parity enforcement and coverage
  - High costs for treatment



# *Policy Gaps*

- Statewide integration of PDMP into provider workflow
  - HIEs, EHRs, Web-based applications
- Using the PDMP to track others substances (e.g. naloxone)
- Sustainability issues related to grant-funded work
  - PDMP integrations
  - Local prevention and harm reduction efforts
- Emerging issues related to substances other than opioids
  - Shifts in data related to stimulant prescriptions, methamphetamines
  - Provider education related to benzodiazepines

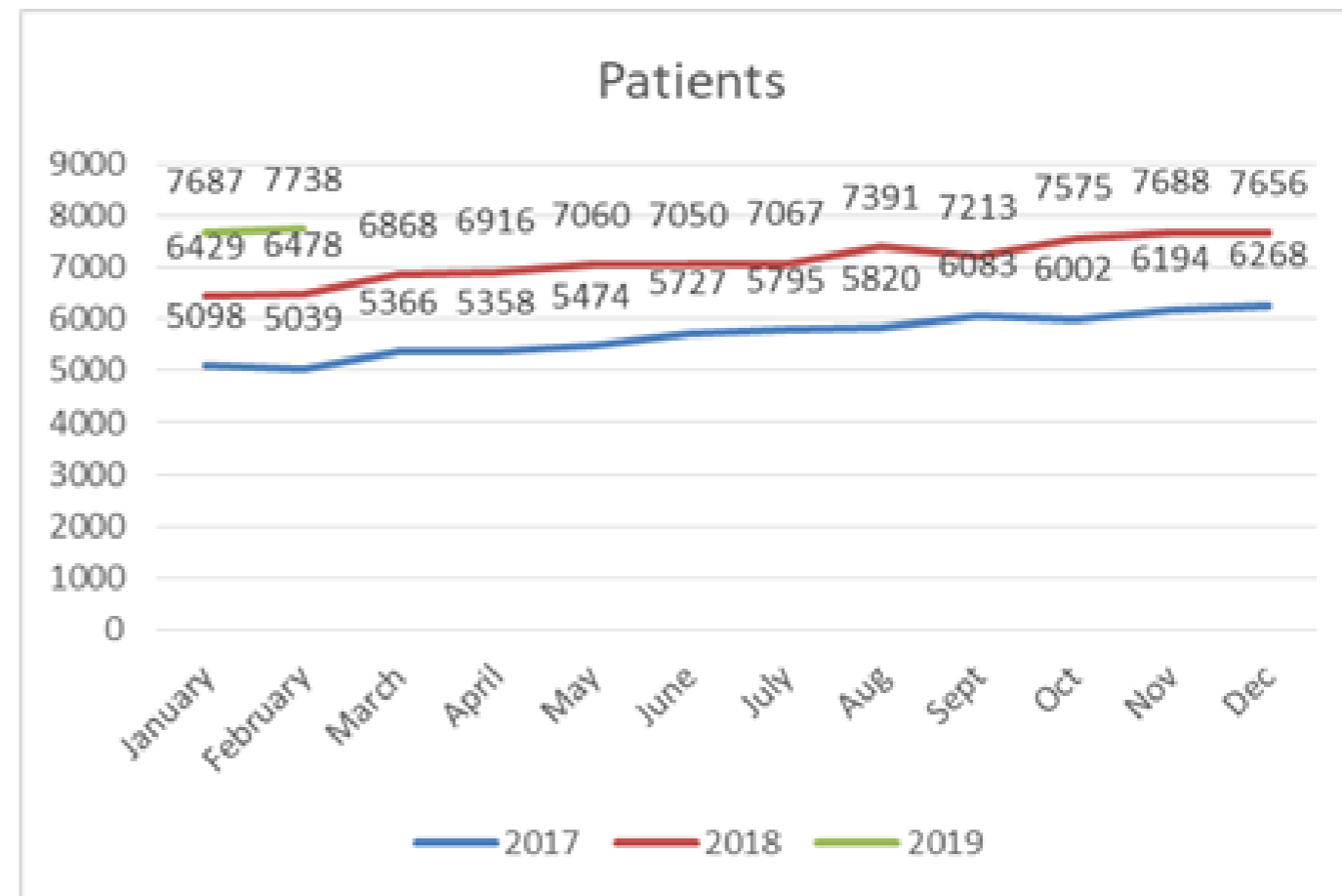
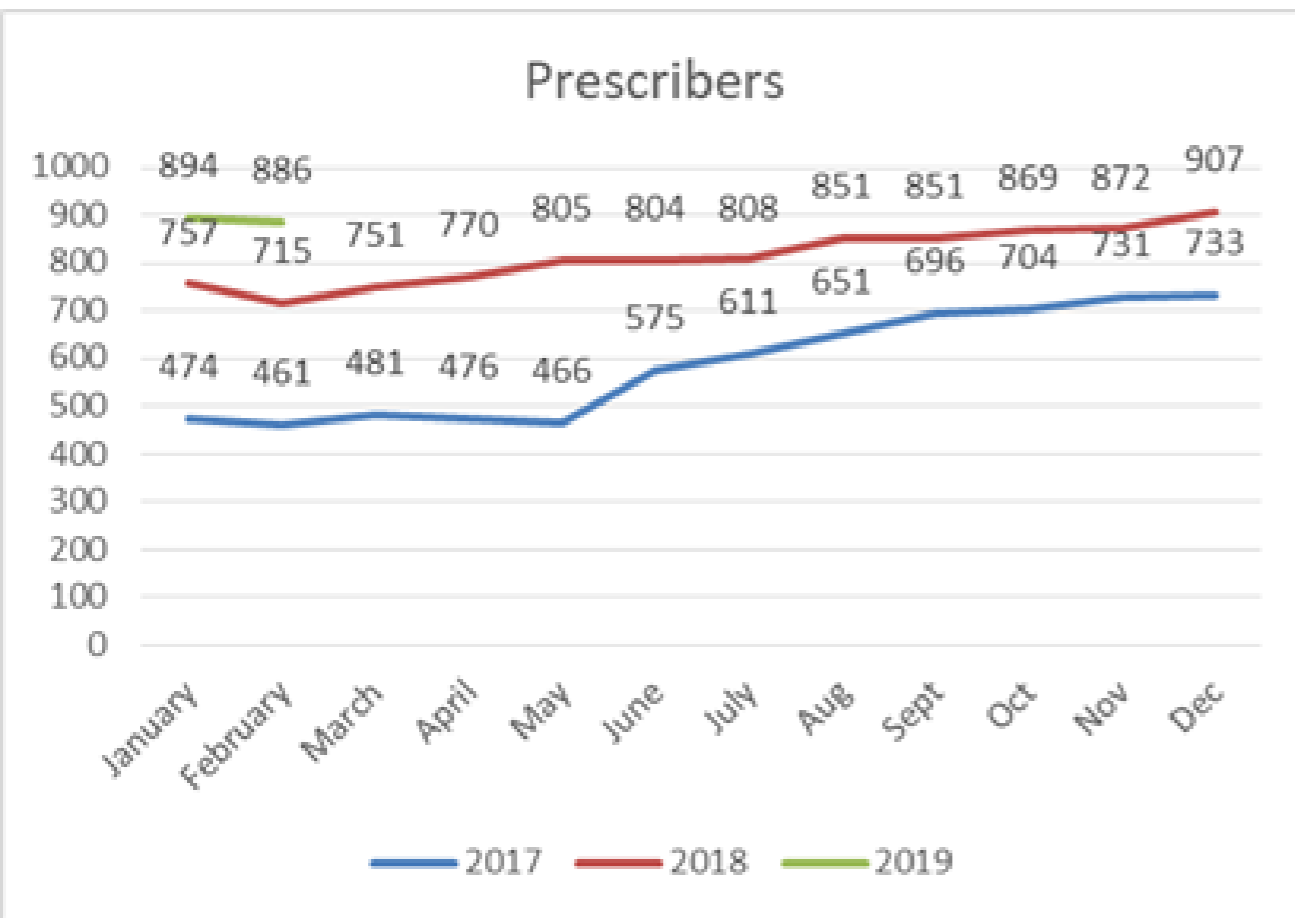


# *APPENDIX*

Product Name	Where do you get it?	Who can prescribe it?
<b>Methadone</b> (generic)	In specially licensed and regulated Opioid Treatment Programs (OTPs). There are 22 in Colorado currently.	Physicians
<b>Buprenorphine</b> Brands: Suboxone, Bunavail, Probuphine, Zubsolv Subutex, Sublocade, buprenorphine hydrochloride, buprenorphine-naloxone	OBOT. Unlike methadone treatment, which must be performed in a highly structured clinic, buprenorphine is permitted to be prescribed or dispensed in physician offices, significantly increasing treatment access. Colorado has 516 providers on the SAMHSA Buprenorphine Treatment Practitioner Locator	Physicians, Nurse Practitioners and Physicians' Assistants who complete additional training and apply for and receive an "X waiver" from the DEA.
<b>Naltrexone</b> Brands: ReVia, Depade, Vivitrol	Any healthcare provider. Additionally for Vivitrol, with a providers prescription, it is possible to receive the injection from a pharmacy through practice collaboration.	Anyone able to prescribe medicine in Colorado



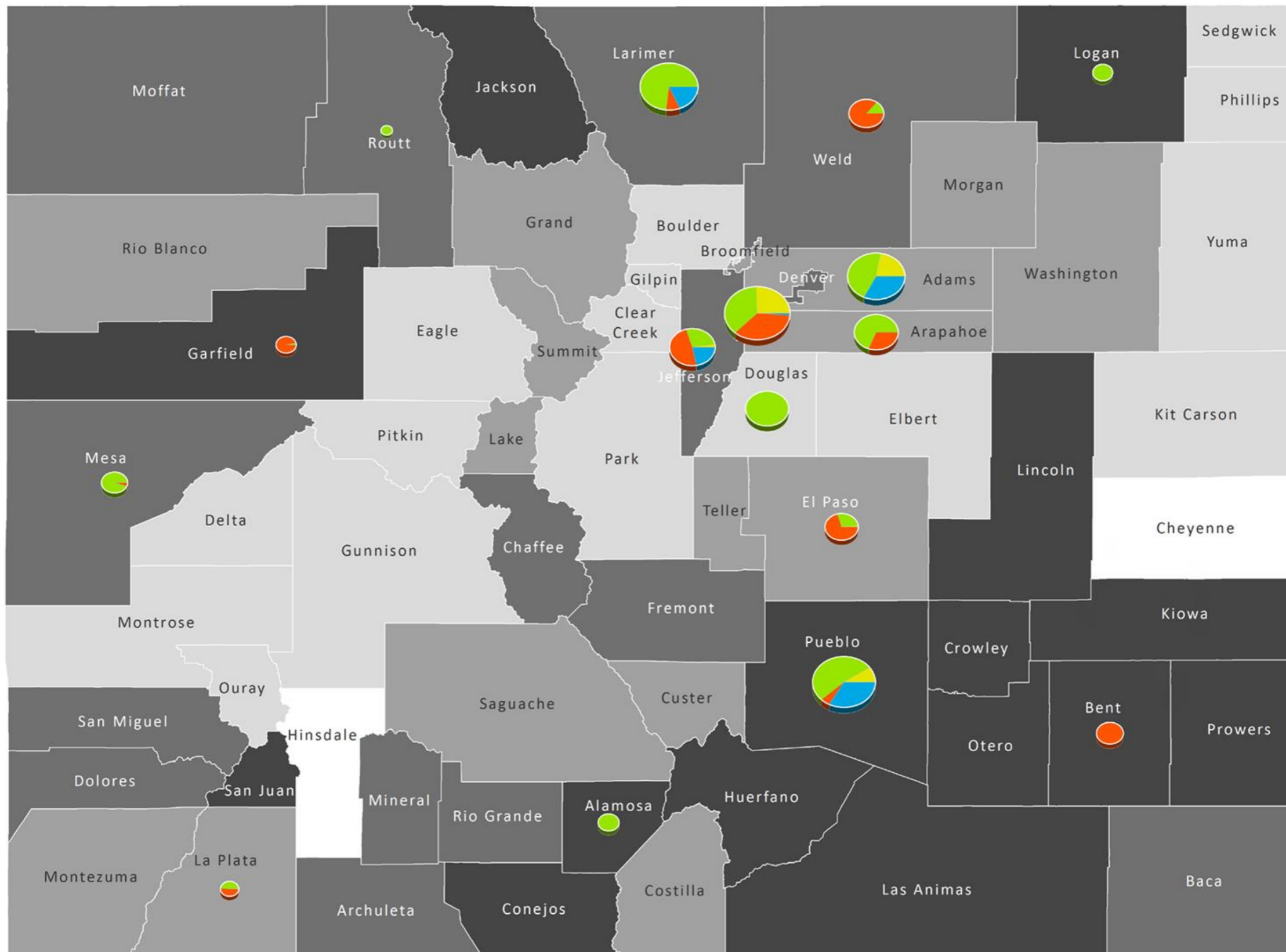
# Helping prescribers prescribe



7738 unique patients with 886 prescribers = fewer than 9 patients per prescriber.

With over 1,600 providers with a waiver, their combined treatment capacity exceeds 48,000 people...everyone who needs it in Colorado



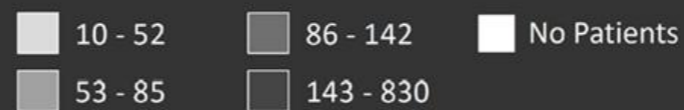


### Residential Treatment Locations (Grouped by County)

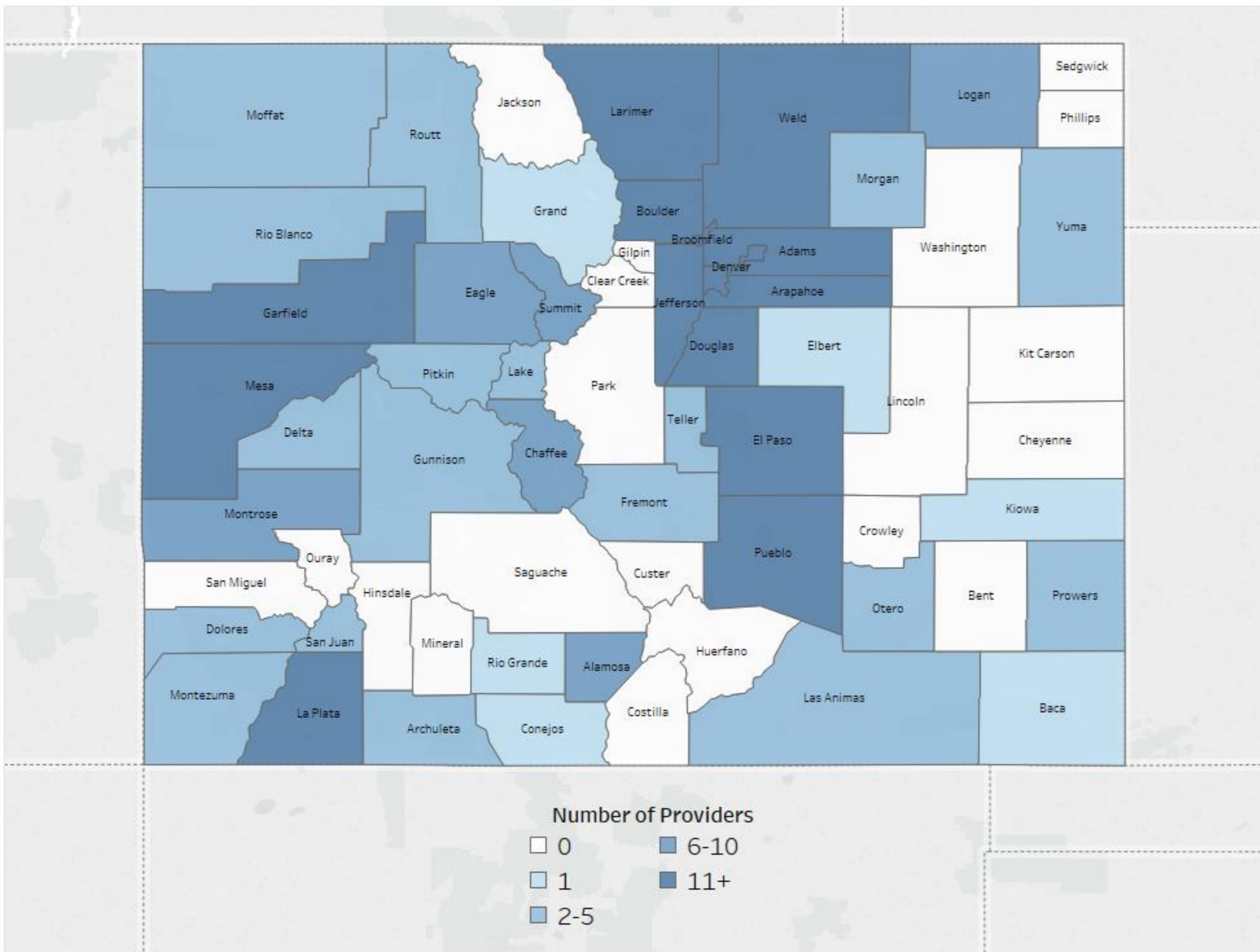


### Rate of patients by county (per 100,000 population)

#### Quartile Classification



## Number of MAT Medicaid Providers by County



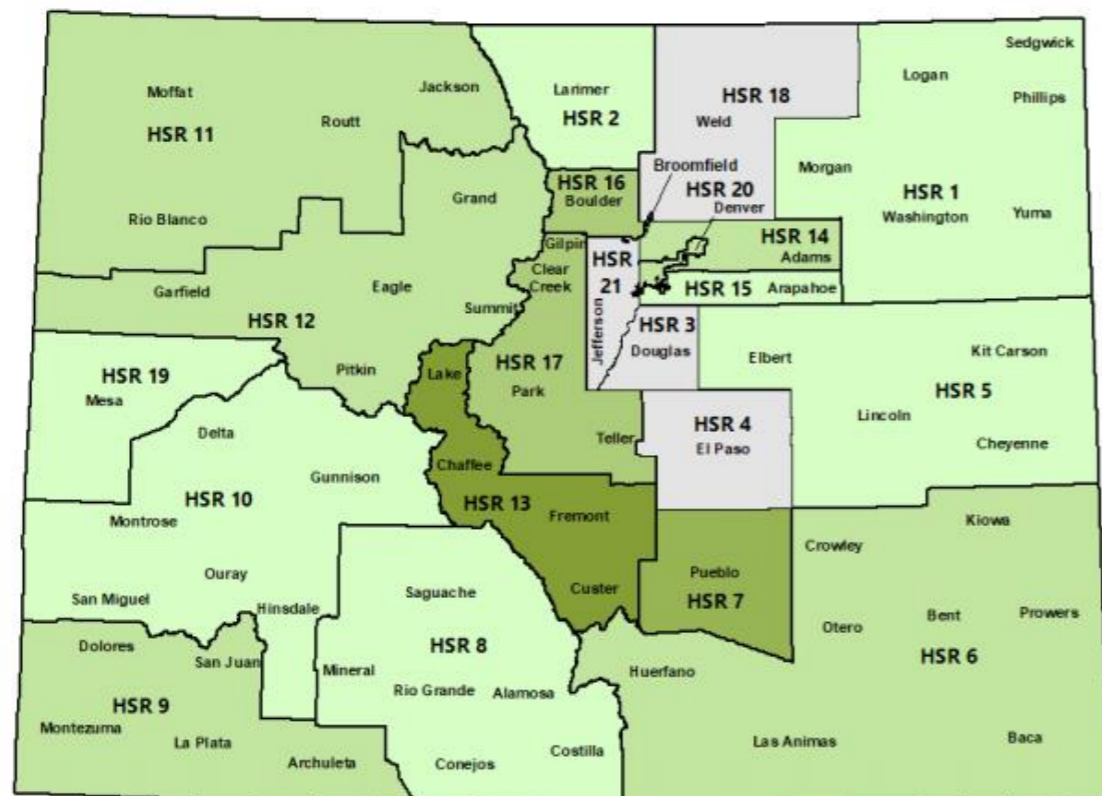
Provider

- None
- West Slope Casa
- Aspen Pointe
- Signal

# The overlapping maps

**MAP 3. Regions Where Youth Access to Substances is Easiest**

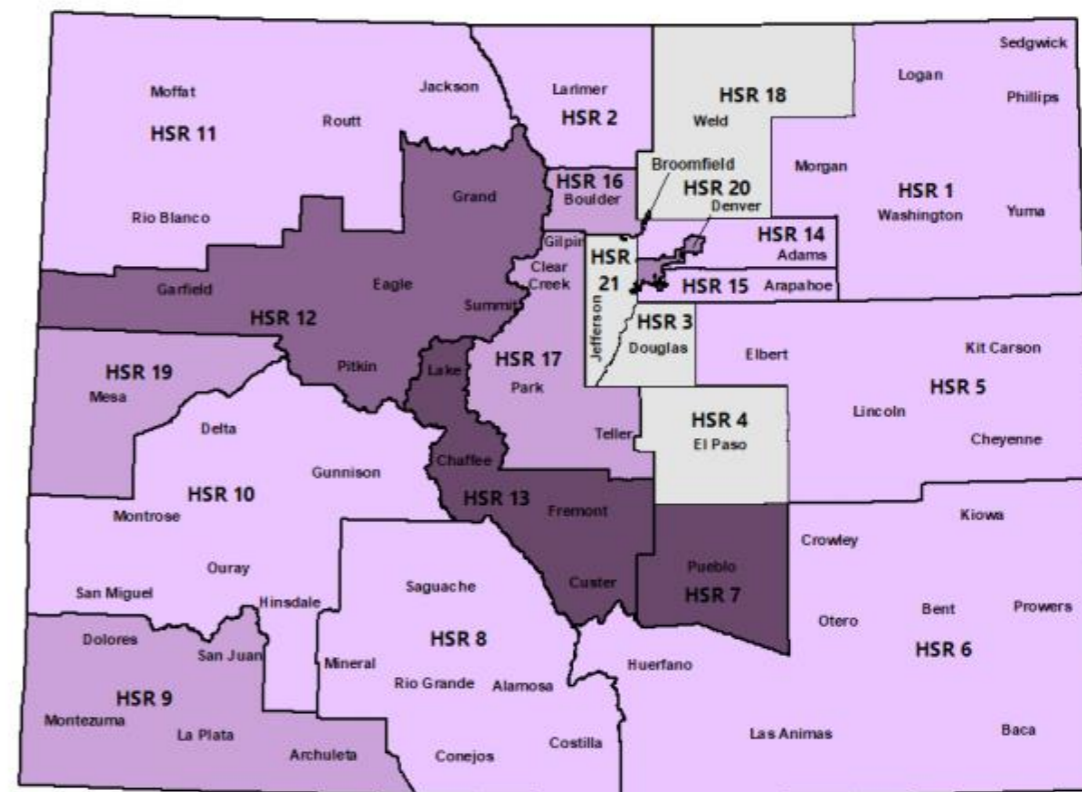
Number of times a region ranked in the state's top quartile for perceived ease of access to five substances: marijuana, alcohol, prescription medication, tobacco and illicit drugs



Legend: No Data, 0, 1, 2, 4, 5

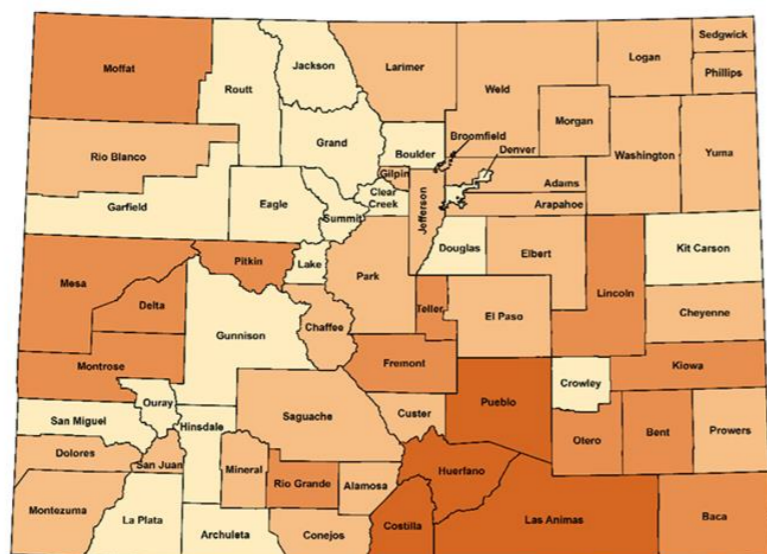
**MAP 2. Regions Where Youth Substance Use is Highest**

Number of times a region ranked in the top quartile for youth use of eight substances: alcohol, marijuana, heroin, ecstasy, meth, prescription medication, cocaine and tobacco



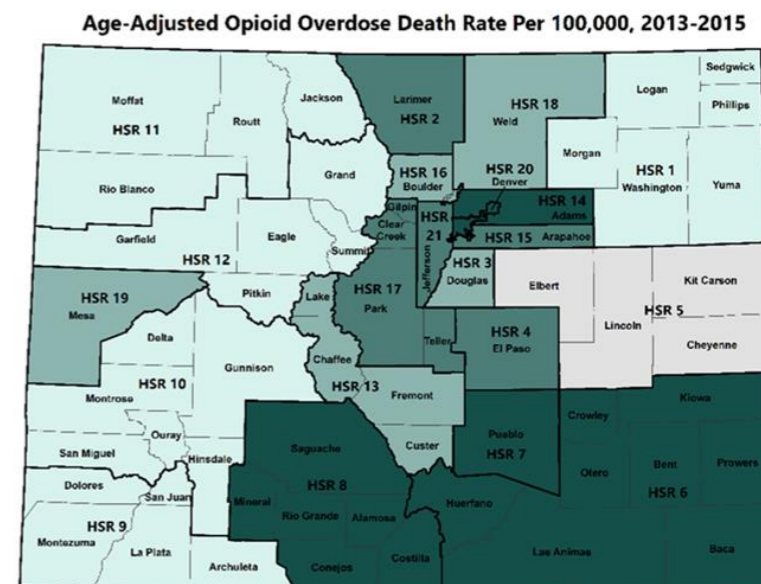
Legend: No Data, 0, 1, 2, 3, 6

Rate of Opioid Prescriptions per 100 Colorado Residents, 2016



Legend: 41.0 - 68.3, 68.4 - 91.2, 91.3 - 111.8, 111.9 - 150.4

Opioid Overdose Deaths per 100 Colorado Residents, 2013-2015



Legend: 1.8 - 4.1, 4.2 - 7.0, 7.1 - 9.4, 9.5 - 18.1, Data Not Available

